

1. CIR./DIST./DIV. CODE TNM		2. PERSON REPRESENTED JUVENCIO RODRIGUEZ PENA		VOUCHER NUMBER 930102	
3. MAG. DKT./DEF. NUMBER 09-mj-2108		4. DIST. DKT./DEF. NUMBER		5. APPEALS DKT./DEF. NUMBER	
6. OTHER DKT. NUMBER		7. IN CASE/MATTER OF (Case Name) US v. Orozco-Rios		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	
9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other		10. REPRESENTATION TYPE (See Instructions) CC			
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i> 21:846=ND.F					

REQUEST AND AUTHORIZATION FOR EXPERT SERVICES

12. ATTORNEY'S STATEMENT As the attorney for the person represented, who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request: <input type="checkbox"/> Authorization to obtain the service. Estimated Compensation and Expenses: \$ _____ OR <input checked="" type="checkbox"/> Approval of services already obtained to be paid for by the United States pursuant to the Criminal Justice Act. (Note: Prior authorization should be obtained for services in excess of \$300, excluding expenses) Signature of Attorney: <u><i>James A. Simmons</i></u> Date: <u>9/30/09</u> <input checked="" type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Attorney <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS James A. Simmons, PO Box 2934, Hendersonville, TN 37077 Telephone Number: <u>615-824-9131</u>	
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13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See Instructions) SEE ATTACHED Invoice 344		14. TYPE OF SERVICE PROVIDER <table style="width:100%;"> <tr> <td>01 <input type="checkbox"/> Investigator</td> <td>15 <input type="checkbox"/> Other Medical</td> </tr> <tr> <td>02 <input checked="" type="checkbox"/> Interpreter/Translator</td> <td>16 <input type="checkbox"/> Voice/Audio Analyst</td> </tr> <tr> <td>03 <input type="checkbox"/> Psychologist</td> <td>17 <input type="checkbox"/> Hair/Fiber Expert</td> </tr> <tr> <td>04 <input type="checkbox"/> Psychiatrist</td> <td>18 <input type="checkbox"/> Computer (Hardware/Software/Systems)</td> </tr> <tr> <td>05 <input type="checkbox"/> Polygraph</td> <td>19 <input type="checkbox"/> Paralegal Services</td> </tr> <tr> <td>06 <input type="checkbox"/> Documents Examiner</td> <td>20 <input type="checkbox"/> Legal Analyst/Consultant</td> </tr> <tr> <td>07 <input type="checkbox"/> Fingerprint Analyst</td> <td>21 <input type="checkbox"/> Jury Consultant</td> </tr> <tr> <td>08 <input type="checkbox"/> Accountant</td> <td>22 <input type="checkbox"/> Mitigation Specialist</td> </tr> <tr> <td>09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc.)</td> <td>23 <input type="checkbox"/> Duplication Services (See Instructions)</td> </tr> <tr> <td>10 <input type="checkbox"/> Chemist/Toxicologist</td> <td>24 <input type="checkbox"/> Other (Specify)</td> </tr> <tr> <td>11 <input type="checkbox"/> Ballistics</td> <td></td> </tr> <tr> <td>13 <input type="checkbox"/> Weapons/Firearms/Explosive Expert</td> <td></td> </tr> <tr> <td>14 <input type="checkbox"/> Pathologist/Medical Examiner</td> <td></td> </tr> </table>		01 <input type="checkbox"/> Investigator	15 <input type="checkbox"/> Other Medical	02 <input checked="" type="checkbox"/> Interpreter/Translator	16 <input type="checkbox"/> Voice/Audio Analyst	03 <input type="checkbox"/> Psychologist	17 <input type="checkbox"/> Hair/Fiber Expert	04 <input type="checkbox"/> Psychiatrist	18 <input type="checkbox"/> Computer (Hardware/Software/Systems)	05 <input type="checkbox"/> Polygraph	19 <input type="checkbox"/> Paralegal Services	06 <input type="checkbox"/> Documents Examiner	20 <input type="checkbox"/> Legal Analyst/Consultant	07 <input type="checkbox"/> Fingerprint Analyst	21 <input type="checkbox"/> Jury Consultant	08 <input type="checkbox"/> Accountant	22 <input type="checkbox"/> Mitigation Specialist	09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc.)	23 <input type="checkbox"/> Duplication Services (See Instructions)	10 <input type="checkbox"/> Chemist/Toxicologist	24 <input type="checkbox"/> Other (Specify)	11 <input type="checkbox"/> Ballistics		13 <input type="checkbox"/> Weapons/Firearms/Explosive Expert		14 <input type="checkbox"/> Pathologist/Medical Examiner	
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15. COURT ORDER Financial eligibility of the person represented having been established to the Court's satisfaction, the authorization requested in Item 12 is hereby granted. Signature of Presiding Judicial Officer or By Order of the Court _____ Date of Order _____ Nunc Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time of authorization. <input type="checkbox"/> YES <input type="checkbox"/> NO																													

CLAIM FOR SERVICES AND EXPENSES		FOR COURT USE ONLY	
16. SERVICES AND EXPENSES (Attach itemization of services with dates)	AMOUNT CLAIMED	MATH/TECHNICAL ADJUSTED AMOUNT	ADDITIONAL REVIEW
a. Compensation	\$208.00		
b. Travel Expenses (lodging, parking, meals, mileage, etc.)			
c. Other Expenses			
GRAND TOTALS (CLAIMED AND ADJUSTED):	\$208.00		

17. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS MYRA S. GANN 5524 KENDALL DRIVE NASHVILLE, TN 37209 TIN: <u>350-42-7112</u> Telephone Number: <u>615-477-5920</u>	
CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM <u>9/30/09</u> TO <u>9/30/09</u> CLAIM STATUS <input type="checkbox"/> Final Payment <input checked="" type="checkbox"/> Interim Payment Number <u>1</u> <input type="checkbox"/> Supplemental Payment I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services. Signature of Claimant/Payee: <u><i>Myra S. Gann</i></u> Date: <u>9-30-09</u>	

18. CERTIFICATION OF ATTORNEY I hereby certify that the services were rendered for this case. Signature of Attorney: <u><i>James A. Simmons</i></u> Date: <u>9/30/09</u>	
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APPROVED FOR PAYMENT — COURT USE ONLY

19. TOTAL COMPENSATION	20. TRAVEL EXPENSES	21. OTHER EXPENSES <u>\$ 208.00</u>	22. TOTAL AMOUNT APPROVED/CERTIFIED <u>208.00</u>
23. <input checked="" type="checkbox"/> Either the cost (excluding expenses) of these services does not exceed \$300, or prior authorization was obtained. <input type="checkbox"/> Prior authorization was not obtained, but in the interest of justice the Court finds that timely procurement of these necessary services could not await prior authorization, even though the cost (excluding expenses) exceeds \$300. Signature of Presiding Judicial Officer: <u><i>John R. ...</i></u> Date: <u>October 30, 2009</u> Judge/Mag. Judge Code: <u>50BB</u>			
24. TOTAL COMPENSATION	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMOUNT APPROVED
28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD UNDER 18 U.S.C. § 3006A(e)(3) Signature of Chief Judge, Court of Appeals (or Delegate) _____ Date _____ Judge Code _____			